MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11744

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital Easton, Md.

How long in hospital or institution? 3 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Centreville Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Mrs. Sallie Adams

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Louden L. Adams

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Nov 11, 1869.

8. AGE:

Years	Months	Days	If less than one day
79			..... hrs. ..... min.

9. Birthplace: Talbot County

(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER

12. Name: Robert Conley

13. Birthplace: Not known

MOTHER

14. Maiden name: Mary A. Homes

15. Birthplace: Not known

16. Informant: Mr. Howard Adams

Address: Centreville Road. Easton Md

17. Burial (Burial, cremation, or removal - Which?) Date thereof 11-27-48 (month) (day) (year)

Cemetery or crematory: Unity Cemetery

Location: Easton Md

18. Funeral director: Johnson Williams

Address: Easton Md

19. 11/26/48 (Date rec'd by registrar) M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/25/48 19..... at 12 ~~PM~~ AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 44 to Nov. 25 19 48 and that I last saw h.. alive on Nov. 25 19 48

Immediate cause of death: Carcinomatosis of the peritoneum with effusion — DURATION: 3 wks

Due to: Carcinoma of the gallbladder — several months

Due to: Chronic gallbladder disease & gallstones

Other conditions: Metastatic carcinoma of the liver

(Include pregnancy within 3 months of death)

Major findings of operation: .....

Date of op. .....

Autopsy results: as recorded above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Kent Lockerman M.D.

M. D. or other

Address: Easton Md. Date signed 11/25

11/21/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170 11745

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hours.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Rural Preston. (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Robert Lee Boyce

3. (b) Social Security Number: 216-14-9041

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Helen Boyce

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 31, 1922

8. AGE: Years	Months	Days	If less than one day
25	10	20	hrs. min.

9. Birthplace: Preston, Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Chicken dressing plant

FATHER — 12. Name: John Boyce

FATHER — 13. Birthplace: Preston Md.

MOTHER — 14. Maiden name: Viola Murray

MOTHER — 15. Birthplace: Maryland

16. Informant: Ida Johnson (Sister)

Address: Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/26/48 (month) (day) (year)

Cemetery or crematory: Jonestown

Location: Preston R.D.

18. Funeral director: J. J. Frampton Son.

Address: Federalsburg

19. 11/23 19 48 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21 1948, at 6.30 am PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-21 1948, to 11-21-48 19..... and that I last saw him alive on 11-21-48 19.....

Immediate cause of death	DURATION
Fractured skull	8 hrs
Due to: Autoaccident	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 11-20-48

Where did injury occur? near Preston (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?): highway

Means of injury: autoaccident Injured at work? No

23. SIGNATURE: Louis Mertz M.D. D. M.E. M. D. or other

Address: Preston Md Date signed: 11-26-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

11746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1220

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbert Co
City or town: Easton md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? na

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbert
City or town: Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Hiffins St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William Cambell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Color	widow

6.(b) Name of husband or wife: Mary E Campbell
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Apr. 1883

8. AGE: Years: 65 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Tenafly (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: yard
MOTHER FATHER
12. Name: Dont know
13. Birthplace: md
MOTHER
14. Maiden name: dont know
15. Birthplace: Md
16. Informant: Jane Campbell
Address: Easton md
17. Tenafly (Burial, cremation, or removal. Which?) Date thereof: May 15-1948 (month) (day) (year)
Cemetery or crematory: Tenafly md
Location: Tenafly
18. Funeral director: Lept S H Bannon
Address: Cambridge md
19. 11/13 (Date rec'd by registrar) 1948 M.M. Mowell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1948, at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7 1948 to Nov. 11 1948
and that I last saw him alive on Nov. 11 1948

Immediate cause of death	DURATION
(a) Incarc Hernia Incarcerated	4 days
Due to: (b) Constipation	1 mo.
Due to: (c)	
Due to: (d)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Haywood T. Webb M.D. M. D. or other
Address: Easton, Md. Date signed 11/12/1948

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

922 11747

Reg. Diat. No. 292

1. PLACE OF DEATH:

County Talbert Co

City or town Trappe (rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all of His Life

Hospital, Institution, or street address where death occurred

How long in hoepital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Trappe (rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Gearge W Cooper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married

6.(b) Name of hueband or wife Jane Cooper

6.(c) If alive, give age 64 yeare

7. Birth date of deceased (mo., day, yr.) ABT. 1884

8. AGE: Years	Monthe	Daye	If lese than one day
64			hre. min.

9. Birthplace Baltimore (Town, county, and atate)

10. Ueual occupation Laborer

11. Induetry or buineee Md

FATHER 12. Name Dont Kynaey

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Marain Brook

MOTHER 15. Birthplace Maryland

16. Informant Jane Cooper

Addreee Trappe Md

17. Trappe Rural (Burial, cremation, or removal. Which?) Date thereof Dec 3-48 (month) (day) (year)

Cemetery or crematory Trappe

Location Trappe (rural)

18. Funeral director Leigh Bynum

Address Cambridge Md

19. Dec 6- 1948 (Date rec'd by registrar) Joe LaRoss Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29th 1948 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceaeed from Sept 1948 to Nov 1948

and that I last eaw h.. alive on Nov 29th 1948

Immediate cause of death Valvular heart DURATION 4 mo.

Due to Arthritis and Arteriosclerosis 3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death wae due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Seymaey M. D. or other

Address Trappe Md Date signed Dec 2/48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11748

73d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Talbot
City or town Queen Anne (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Talbot
City or town Queen Anne (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas R. Dudley
3. (b) Social Security Number

4. Sex: M.
5. Color or race: Co.
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Esther S. Dudley
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Aug 16, 1876.

8. AGE: Years 72 Months 2 Days 19 If less than one day ... hrs. ... min.

9. Birthplace Queen Anne County, Maryland (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Wm. T. Dudley
13. Birthplace Md.

MOTHER
14. Maiden name Irene Cubbage
15. Birthplace Md.

16. Informant Miss Irene Dudley
Address Wilmington, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8, 1948 (month) (day) (year)
Cemetery or crematory Drummond
Location Hillsboro Md.

18. Funeral director R. Elmer Bark
Address Easton Md.

19. 11/6 19 48 (Date rec'd by registrar) N. H. Nessie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 19 48, at 12 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 10 19 42, to Nov. 4 19 48 and that I last saw him alive on Nov. 3 19 48

	DURATION
Immediate cause of death: Myocardial failure	6 mos
Due to	
Due to	
Other conditions: Secondary anemia (Include pregnancy within 3 months of death)	2 years

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE Kent Calder M.D. M. D. or other
Address Queen Anne Md. Date signed 11-5-48

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a 11743

Reg. Dist. No. 294

1. PLACE OF DEATH

County Talbot

City or town Fairbanks

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Fairbanks

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME James I. Flubart

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-1885

8. AGE: Years	Months	Days	If less than one day
63	4	22	hrs. min.

9. Birthplace Fairbanks (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Louis A Flubart

13. Birthplace Somerset County

MOTHER 14. Maiden name Sally A. Cummings

15. Birthplace Fairbanks - Md

16. Informant Albert L. Flubart

Address Dilghman - Md.

17. Burial Date thereof 11/3/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Dilghman - Md.

18. Funeral director J Leeds Moore

Address Dilghman - Md.

19. 11-3- 19 48 G. F. Jackson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 19 48 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 19 48 to Nov 1 19 48, and that I last saw him alive on Oct 31 19 48.

	DURATION
Immediate cause of death: Cerebral Hemmorrhage	1 Hour
Due to: Hypertension, Arteriosclerosis	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

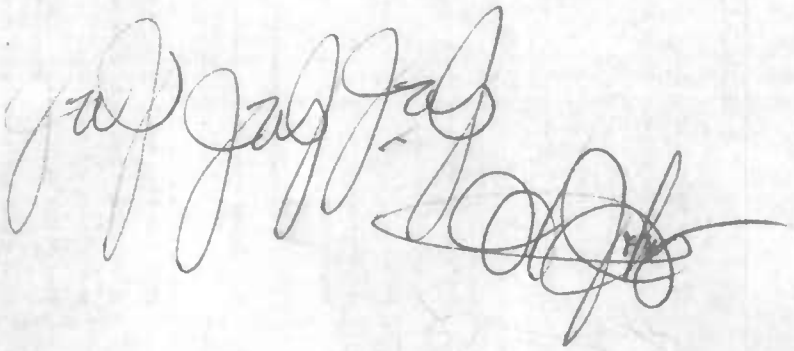
23. SIGNATURE Yours in Service Dept. M. D. or other

Address Tilghman Md Date signed Nov 1 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15




RECEIVED
NOV 9 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11750

108

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Rural Easton.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural Easton.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Julia P. F. Goldsborough

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F ~~M~~	W.	Widow

6.(b) Name of husband or wife Mackenzie Goldsborough.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1863.

8. AGE: Years	Months	Days	If less than one day
84	11	16	..... hrs. ..... min.

9. Birthplace Talbot Maryland
(Town, county, and state)

10. Usual occupation Housekeeper (Ref.)

11. Industry or business

FATHER 12. Name Robert F. Kenny.

13. Birthplace S. C.

MOTHER 14. Maiden name Mary Elizabeth Lee.

15. Birthplace Virginia

16. Informant Mrs. Julia Goldsborough.

Address Easton. Md.

17. Burial Date thereof Nov 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Asbury Rest

Location Easton, Md.

18. Funeral director R. Elmer Sanke.

Address Easton Md.

19. 11/16 1948 M. H. Nevitt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1948 19.. at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13- 1948 to Nov 17 1948

and that I last saw h.. alive on Nov 17 1948

Immediate cause of death	DURATION
Pneumonia, Lobar, left	5 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation No

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. McC Stevens M.D.
M. D. or other

Address Easton Md Date signed 11-18-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11751

CERTIFICATE OF DEATH

83a

Reg. Diat. No. 292

1. PLACE OF DEATH:

County: Talbot

City or town: Trappe (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 8 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County: Delaware

City or town: Philadelphia
(If outside city or town limits, write RURAL and give nearest town)

Street No. 429 N. 53rd St.
(If rural, give LOCATION)

2.(a) If veteran, name war: none ✓

3. (a) FULL NAME: Adam Green

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colo	Married

6.(b) Name of husband or wife: Sophronia Green

6.(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): August 24 1869

8. AGE: Years	Months	Days	If less than one day
79	9	1	...hrs. ...min.

9. Birthplace: Trappe Talbot County Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Benjamin Green
13. Birthplace: Talbot County

MOTHER
14. Maiden name: Lucinda Adams
15. Birthplace: Talbot County

16. Informant: Mrs Helen V. Holmes
Address: 429 N. 53rd. St. Phila - Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 29 1948 (month) (day) (year)

Cemetery or crematory: Seattle Cemetery

Location: Trappe, Md.

18. Funeral director: Leon W. Haury

Address: Easton, Md.

19. Nov 30 1948 (Date rec'd by registrar) Joe LaRoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 24 1948, at 7.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 1948, to Nov. 24 1948 and that I last saw him alive on Nov. 24 1948

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to: Arteriosclerosis	4-5 Yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ...Injured at work?

23. SIGNATURE: Hayward T. Webb, M.D.
M. D. or other

Address: Easton Md. Date signed 11/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1952 11752

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton Maryland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 min.
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Rhodesdale R.D. (If outside city or town limits, write RURAL and give nearest town)
Street No.: Brookview (If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Mr. William H. Hastings

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Ida E. Hastings
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Feb 9, 1870

8. AGE:

Years	Months	Days	If less than one day
78	9	21	...hrs. ...min.

9. Birthplace: Delaware (Town, county, and state)
10. Usual occupation: None - Retired
11. Industry or business: Bridge Tender
FATHER 12. Name: Mr. Wm H. Hastings
13. Birthplace: Delaware
MOTHER 14. Maiden name: Not known
15. Birthplace: Not known
16. Informant: Mrs. Cyesta M. Hastings
Address: Hurlock Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/3/48 (month) (day) (year)
Cemetery or crematory: Brookview
Location: Brookview Md
18. Funeral director: J. J. Frampton & Son
Address: Edmonson, Maryland
19. 12/2 (Date rec'd by registrar) 19 48 K. H. Nevitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-30-48 19..., at 12 01 M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~
..... 19..., to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death: Generalized peritonitis? — DURATION: ...
Due to: Ruptured viscus? — 7 days?
Due to: ...
Other conditions: ...
(Include pregnancy within 3 months of death)

Major findings of operation: ...
Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: Louis Shortt M.D. (M. D. or other)
Address: Easton Md Date signed 12-1-48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

11753

Reg. Diat. No. 291

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Talbot County: Maryland

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: None.

3. (a) FULL NAME: Mortimer P. Lee

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Rose T. Lee

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 4, 1866

8. AGE: Years	Months	Days	If less than one day
82	1	22	hrs. min.

9. Birthplace: New York City

(Town, county, and state)

10. Usual occupation: Retired Poultry man

11. Industry or business

FATHER 12. Name: Mortimer C. Lee

13. Birthplace: Unknown

MOTHER 14. Maiden name: Sara Jane Tunison

15. Birthplace: Unknown

18. Informant: George S. Lee

Address: St. Michaels, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Nov 30, 1948 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Maryland

18. Funeral director: Newnam & Harrison

Address: St. Michaels Md.

19. Nov 28/48 (Date rec'd by registrar) 19 Mrs Robt. L. Seth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1948 at 5.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25 1948, to Nov 26 1948 and that I last saw h him alive on November 25 1948

Immediate cause of death	DURATION
Coronary sclerosis	Donot Know
Due to	
Due to	
Other conditions arteriosclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: S. Denney Hellam M.D. M. D. or other

Address: St. Michaels Md. Date signed: 11/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

11/6/48 93d 11754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16da 20 hrs 10 min

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 16 da 20 hrs 10 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Frank Milkowski

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Emma ?

8.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): March 15, 1878

8. AGE: Years: 70 Months: . Days: If less than one day: hrs. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Mr. John Milowaske

13. Birthplace: Austria

MOTHER 14. Maiden name: Annie Obarba

15. Birthplace: Austria

16. Informant: Mrs. Mildred Shepard

Address: Greensboro Md

17. Burial (Burial, cremation, or removal—which?) Date thereof: 11/27/48 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro, Md.

18. Funeral director: R. B. Rawlings

Address: Greensboro, Md.

19. 11/25/48 (Date rec'd by registrar) M. K. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-24 19 48, at 6:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 19 48, to Nov 24 19 48, and that I last saw him alive on 11/24 19 48.

Immediate cause of death	DURATION
Arteriosclerotic Heart	
Due to: Disease	?
Due to: Generalized Arteriosclerosis	Few years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Easton Md. Date signed: 12/3/48

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11755

50

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all her life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME Mary Emma Morgan

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6.(b) Name of husband or wife Henry E. Morgan
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12 - 1886

8. AGE:

Years	Months	Days	If less than one day
61	11	25	hrs. min.

9. Birthplace Hillsboro (Town, county, and state)
10. Usual occupation Home wife
11. Industry or business
12. Name (Father) James D. Fleming
13. Birthplace (Father) Delaware
14. Maiden name (Mother) Cade Handley
15. Birthplace (Mother) Hillsboro, Md.
16. Informant Mrs. Chester Barto
Address Easton - Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9-48 (month) (day) (year)
Cemetery or crematory Greenmount
Location Hillsboro. Md
18. Funeral director Barton Bros
Address Centreville Md
19. 11/10 (Date rec'd by registrar) 19 48 M. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 19 48 at 2 25 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 18 19 47 to Nov. 6 19 48 and that I last saw h. Er alive on November 6 19 48.

	DURATION
Immediate cause of death Hypostatic pneumonia	7 days
Due to Hypostatic Carcinoma	1 year
Due to Carcinoma of Rectum	6 years
Other conditions Kyphoscoliosis, Decubitus	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D.
M. D. or other
Address Easton Md. Date signed 11/9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Laws 11750

131a

Reg. Diat. No. 292

1. PLACE OF DEATH:

County: Talbot

City or town: Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All of life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Oxford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sallie E. Parsons

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife: William P. Parsons

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 2, 1860

8. AGE:

Years	Months	Days	If less than one day
88	7	0	hrs. min.

9. Birthplace: Oxford Talbot Co., Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: John Nichols

13. Birthplace: Oxford Md.

MOTHER

14. Maiden name: Mary Carter

15. Birthplace: Talbot Co. Md.

16. Informant: Ethel A. Parsons

Address: Oxford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/4/48 (month) (day) (year)

Cemetery or crematory: Oxford

Location: Oxford Md. (rural)

18. Funeral director: Maurice E. Newnam Jr.

Address: Easton Md.

19. Nov. 3rd 1948 (Date rec'd by registrar) Josephine Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2, 1948, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14 1948 to Oct. 26 1948

and that I last saw h... alive on Oct 26 1948

Immediate cause of death	DURATION
Cardiac Dilitation	1 day
Due to: Cardio-Vascular Renal Disease	1 year
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. K. Rawson MD, M. D., or other

Address: Oxford Md. Date signed 11/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157m 11757

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot County

City or town Town of Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 days

Hospital, Institution or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Shirley Pierce

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1948

8. AGE: Years 1 mo Months Days 22 If less than one day ..... hrs. ..... min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name James Pierce

13. Birthplace Talbot County

MOTHER 14. Maiden name Elsie Harris

15. Birthplace Talbot County

16. Informant Elsie Pierce Mother

Address Cordova Md.

17. Burial Date thereof Nov. 27 48 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Chapel Churchyard

Location Cordova, Travel, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 12/3 19 48 J. F. Nevins (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-48 1948, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-2- 19 48, to 11-26-48 19

and that I last saw her alive on 11-26- 19 48

Immediate cause of death	Shock	DURATION
Due to	Removal of Cystic Tumor from head	
Due to	Congenital	
Other conditions	Depressed Skull Fracture	

(Include pregnancy within 3 months of death)

Major findings of operation Large Cystic Tumor

Date of op. 11-26-48

Autopsy results Tumor specimen sent in

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE John D Baggett M. D. or other

Address Easton Md Date signed 11/27/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11758

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 days
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Newton Romig

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Margaret Romig
6.(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb. 21 1880

8. AGE: Years	Months	Days	If less than one day
69			hrs. min.

9. Birthplace Linchon Lancaster Co. Pa
(Town, county, and state)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Wilmit Romig
13. Birthplace Lancaster Co. Pa

MOTHER
14. Maiden name Katherine Moyer
15. Birthplace Pa

16. Informant Mrs Margaret Romig
Address St. Michaels. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1948 (month) (day) (year)
Cemetery or crematory Cemetery
Location Litity, Lancaster Co. Pa

18. Funeral director Newnam & Harrison
Address St. Michaels, Md

19. 11/15/48 (Date rec'd by registrar) N. T. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1948, at 8 40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 48 to 14 Nov 19 48 and that I last saw him alive on 14 Nov 19 48

Immediate cause of death	DURATION
Cerebral thrombosis	6 days
Due to Cerebral arterio sclerosis	
Due to	
Other conditions Hypertension mi cardio-vascular disease	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James Ker Harrison M.D.
M. D. or other
Address Easton Maryland Date signed 14 Nov 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11759

166

Reg. Dist. No. 2-90

1. PLACE OF DEATH:
County: Talbot County
City or town: Easton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2:15 PM Nov 7-48 to 7 am Nov 10-48
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 2:15 PM Nov 7-48 to 7 am Nov 10-48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg, Md R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Charlie Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	m

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 29, 1919

8. AGE: Years	Months	Days	If less than one day
29	8	11	hrs. min.

9. Birthplace: Georgia (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: George Smith
FATHER 13. Birthplace: Georgia
MOTHER 14. Maiden name: Caroline Johnson
MOTHER 15. Birthplace: Georgia
16. Informant: Mamie Mc Clinton (Cousin)
Address: Henderson Cannery Fed. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/11/48 (month) (day) (year)
Cemetery or crematory: Federal Hill
Location: Federalsburg Md
18. Funeral director: J. J. Frampton Son.
Address: Federalsburg md.
19. 11/11 (Date rec'd by registrar) 19 48 M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 19 48, at 7 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-7-48 19 to 11-10 19 48
and that I last saw h[illegible] alive on 11-10-48 19
Immediate cause of death: Peritonitis — DURATION

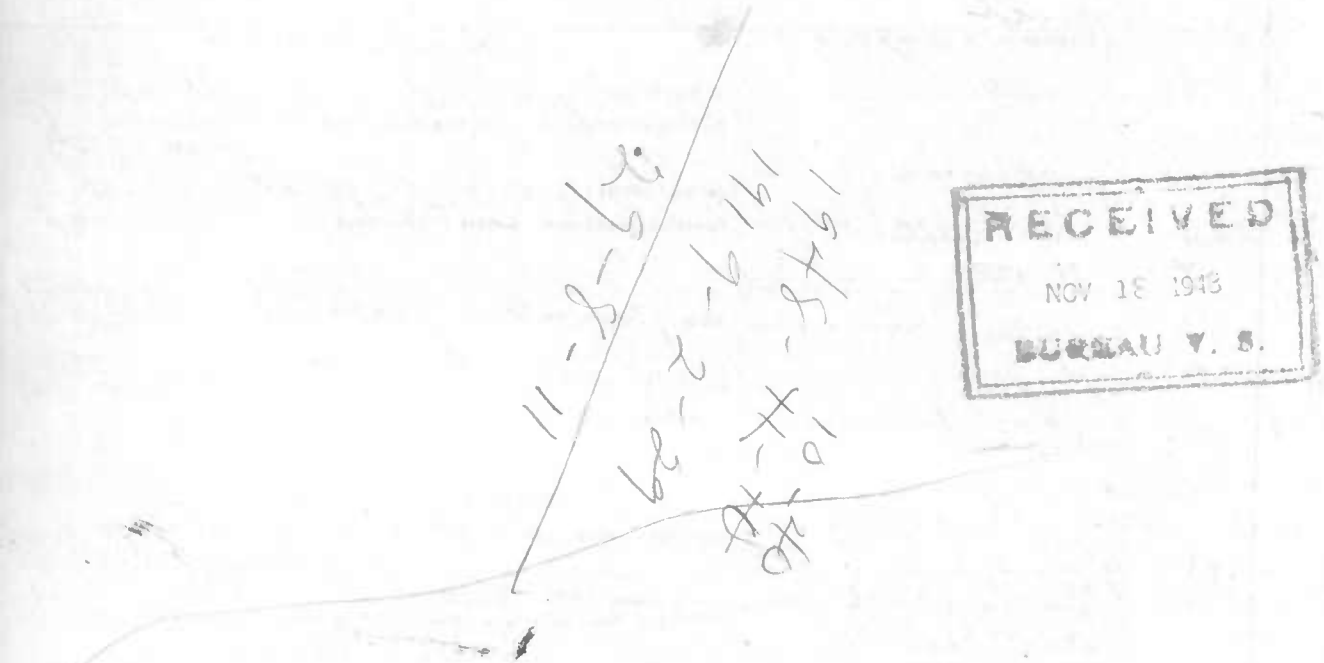
Due to: Perforation Intestine
Due to: gun shot wound Abdomen
Other conditions: ✓
(Include pregnancy within 3 months of death)
Major findings of operations: Perforation Intestine
Date of op. 7 Nov 48
Autopsy results: Peritonitis
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of 7 Nov 48
Where did injury occur? Easton (City or town) Talbot (County) Maryland (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Shot C 38 revolver Injured at work?
23. SIGNATURE: Thurston Harrison Asst Medical examiner M. D.
M. D. or other
Address: Easton Maryland Date signed 10 Nov 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11760

932

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Ashby Spence.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	M.

6.(b) Name of husband or wife Rosalie E. Spence

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1864.

8. AGE: Years 84 | Months 7 | Days 5 | If less than one day ... hrs. ... min.

9. Birthplace Talbot Maryland.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name James McFarland Spence.

13. Birthplace England

14. Maiden name Nicola Plummer.

15. Birthplace Queen Anne County, Md.

16. Informant W. W. Spence.

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 1948. (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton, Md.

18. Funeral director Allen Clark.

Address Easton, Md.

19. 11/18 1948 W. W. Morris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1948 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to 11/16/1948

and that I last saw him alive on 11/16/1948

Immediate cause of death	DURATION
Coronary occlusion	1/2 hr
Due to arteriosclerotic Heart Disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton, Md. Date signed 11/18/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137a

11761

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Lee Willis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Co.	Married

6.(b) Name of husband or wife Blanch Bryan Willis

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) February 15, 1874

8. AGE: Years	Months	Days	If less than one day
74	8	21	hrs. min.

9. Birthplace Milford Delaware (Town, county, and state)

10. Usual occupation Retired Farm Laborer

11. Industry or business

FATHER 12. Name William Martin Willis

13. Birthplace Delaware

MOTHER 14. Maiden name Ruth Ann Adams

15. Birthplace Delaware

16. Informant Children

Address Easton

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9, 1948 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Edmondson, Maryland

18. Funeral director Mrs. Clark

Address Easton, Md.

19. 11/8 (Date rec'd by registrar) 19 48 M. H. Merrey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 19 48, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 45, to Nov. 19 48

and that I last saw h. alive on Nov. 1st 19 48

Immediate cause of death	DURATION
Infected kidney	2 mo.
Due to Pneumonia hypostatic	
Due to Rheumatoid Arthritis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gilliam S. Seymour M. D. or other

Address Easton, Md. Date signed 11-8-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M